APPLICATION FOR TEMPORARY EVENT OR **OFF-PREMISIS CATERER**

City of Malvern Permit Office, 712 West Moline St., Malvern, AR 72104 Regulated by Ordinance No. 2023-04 Adopted February 13, 2023

Please print or type the	following:	
Type of Permit:	Temporary Event	Off-Premises Caterer
	<u>Business</u>	<u>Applicant</u>
Name:		(Must be person listed on State Permit)
Address:		· ·
City, State, Zip: Phone:		
Mailing Address:		Date of Birth:
Email:		Driver's License#:
Event Name:		Event Date:
Event Location:		
Permit fee - Temp • \$25.00 pe	oorary Event: or serving station	
# of servi	ng stations x \$25. 00	0
TOTAL DUE AND PAY	ABLE:	<u>\$</u>
I declare under penalty	of perjury that all above information	n is true and accurate to the best of his or her knowledge and belief.
Applicant's Signature(Must be person listed on Sta		Date:
	(Must be person listed	on State Permity
* ALL INFORMATION N	MUST BE FILLED OUT BEFORE APP	PLICATION WILL BE PROCESSED.
REMIT PAYABLE TO: CI		
	ODE ENFORCEMENT/PERMITS 12 WEST MOLINE STREET	

A COPY OF YOUR CURRENT STATE PERMIT MUST ACCOMPANY THIS APPLICATION

Effective February 13, 2023

MALVERN, AR 72104